Form Approved
OMB #68-R1642

GUILLAIN-BARRE SYNDROME (GBS) REPORT FORM

Please report only cases of Guillain Barre Syndrome with objective signs of muscle weakness that were diagnosed by a neurologist. Circle number corresponding to answer where appropriate.

ID #_____

1. Last 4 Letters of Patient's Last Name ☐☐☐☐

2. Birth Date

Month	Day	Year

3. Sex: Male 1 Female 2

4. Race

American Indian Alaskan Native 1 | Asian or Pacific Islander 2 | Black (Not Hispanic) 3 | Hispanic 4 | White (Not Hispanic) 5 | Unknown 9

5. County & State of Residence

County	State

6. Was patient hospitalized? Yes 1 No 0 Unknown 9

If yes, where?

Name of Hospital	City	State

7. Date of onset of neurologic symptoms of GBS: (Please use numerals, i.e. 02/04/77)

Month	Day	Year

8. Immunized within 8 weeks prior to onset of neurologic symptoms? (Influenza A, influenza B, measles, mumps, rubella, rabies, smallpox, tetanus, polio, other) Yes 1 No 0 Unknown 9

A. If yes, type(s) and date(s) of immunization(s)*:

Type	Month	Day	Year

9. Acute illness within 8 weeks prior to onset of neurologic symptoms of GBS? Yes 1 No 0 Unknown 9

If yes, give date of onset of acute illness*

Month	Day	Year

If yes, was illness characterized by (Circle):

	Yes	No	Unknown
A. Fever?	1	0	9
(1) Documented >100.5 by thermometer?	1	0	9
B. Respiratory illness? (Cough, rhinitis, sore throat, etc.)	1	0	9
C. GI illness? (Vomiting, nausea, diarrhea, abdominal pain, etc.)	1	0	9

10. Did the patient have GBS previously? 1 0 9

11. Has the patient had any surgery (including dental surgery but not routine dental work) within 8 weeks prior to onset of neurologic symptoms of GBS? 1 0 9

12. Did the patient have a swine flu shot during the National Campaign during the fall/winter of 1976? 1 0 9

Name of Physician Reporting GBS	Telephone No.	Date of Report

*If patient had more than 1 acute illness and/or immunization in 8-week period, please provide information requested in question 8 for each illness and/or immunization using space on back of this form.

CDC 4.565A

This report is authorized by law (Public Health Service Act, 42 USC 241). While your response is voluntary, your cooperation is necessary for the understanding and control of the disease.